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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 05/25/2004 37095 BERNHARD KRETEN, ESQ & ASSOCIATES Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile 1331 GARDEN HIGHWAY SUITE 300 transmitted to the USPTO, on the date indicated below. SACRAMENTO, CA 95833 (Depositor's name) Wanda AhexanderWarren (Signature) (Date) August 25. 2004 FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. **FILING DATE** 31115-PA 4830 10/010,629 11/07/2001 Gary Jack Reed TITLE OF INVENTION: ORTHOPEDIC STABILIZATION DEVICE AND METHOD **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE **DATE DUE** APPLN. TYPE **SMALL ENTITY** YES \$665 \$300 \$965 08/25/2004 nonprovisional **EXAMINER ART UNIT CLASS-SUBCLASS** BONDERER, DAVID A 3732 606-061000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the CFR 1.363). names of up to 3 registered patent attorneys or L Bernhard Kreten & Assoc. agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence firm (having as a member a registered attorney or Address form PTO/SB/122) attached. agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 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